MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11408 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No.11404

	0. COUNT,	JAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE, b. COUNTY.
ď,	HOWARD MARYLAND	MG HOWARD
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
	JUIL FORD ROSAVAGE 109005	UILFORD RONEAR SAVAGE
2	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	STREET ADDRESS e. IS RESIDENCE ON A FARM?
		SOWIO. M.JI.O MG YES NO
	3. NAME OF DECEASED (Type or print) NANCY Middle	Lost 4. DATE Month Day Year LEN DEATH OCT 16 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	
	FEMALE COLURED WIDOWED DIVORCED UNA	R. 17, 1878 lost birthday) Months Doys Haurs Min.
4	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	HOUSEWIFE	ANNE ARLINDELICO
	13. FATHER'S NAME	OTHER'S MAIDEN NAME
	HONOTHAN BOWIE	inknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL ITEM, 150 or unknown) [18] yes, give wor or dotes of service)	ANT Address - 3 O
	NO NONE TR	E.D. ALLEN TESSUN Med
V	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLORIST	erate NIa The TOUN
	420.0 DUE TO 01	The state of the s
	Conditions, if ony, which) (b) 3201-	HUMANDO en 12: 20/11
3/	gove rise to immediate couse (a), stating the under-	or constraint for the
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)		PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work	INJURY (Home, form, 20f. (City or town) (County) (State)
	p. m. 19 of work at work	
S	21. I certify that I attended the deceased from.	1948, ta 10/11, 1958 that I last saw the deceased
	alive on 10/14/15 19, and that death occur	red at 17 PM, from the causes and an the date stated above.
	11/1/1/1/2011	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE / / / / / / / / / / / / / / / / / / /	Xaure 1916/19
1	PHYSICIAN'S	
	NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATERY OF CRE	NTORY 22d. LOCATION (City, fawn, or county) (State)
	BUTUAL 04 19/38 MII LIOIV	WOODERVILLE INC
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	MANLEY UELUT LAWRE	DATE OCT 21 '58 arthur S. Krous

HOWARD

HOWARD

GUILFORD RELIGIAN HOWARD

GUILFORD RELIGIAN SAVAGE

JESSWIS, R.J., O Med

NANCY

ALLEN

FEMALECOLORED

WAR, 17, 1878

HOWSE WIFE

ANNE ARWINDEL-, O

JONOTHAN BOWIE

NONE JREDALLEN

NONE JREDALLEN

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WOODER VILLE INC

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VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11409 **CERTIFICATE OF DEATH** Reg. Dist. No. 11405

	PLACE OF DEATH	oward		MARY	LAND	2. USUAL RESI	SALLA	here deceased	b. COUNT		nce before	odmissi	on)
		(If outside corporate limi	ts, write	c. LENGTH OF STAY					rote limits, write				
		ott City		6 wee	eks	1/127							V
- 1	OR INSTITUTION	TAL (If not in hospitol, g or Manor H		-0.700		3/18/15	1/1/4/5	H/\$4.	ormerly 4703 Ro	land /	lve.	ON A	FARM?
	NAME OF DECEASED (Type or print)	fir Her	man	Middle Chri st	tian	Cruege		4. DATE OF DEATH	Octob		Day 22.		eor 9 58
5. 1	SEX	6. COLOR OR RACE	7. MARE	HED E NEVER MARRIE	D	8. DATE OF BIRT		200	9. AGE (In years	IF UNDER			24 HRS.
	Male	White	WIDOWI	DIVORCE		10/19/	91		lost hierhdoy)		Days	Hours	Min.
100		ON (Give kind of work king life, even if retired lanager		KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME	0				14. MOTHER'S	MAIDEN N	IAME					
	Herman Ch	ristian Cru	leger	. Sr.		Blan	che B	uckner	n				
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.		17. 1					dress Way	mech	0270	Po
(Ye	yes	World War	I 7	19-01-4778		Mrs. Gla	dys C	. Crue	ger - 30	00 E.	Main	St.	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		cerebral		ombosis					ONSET	T AND	
	332	X DUE TO	Ce	rebral art			sis				2	P100	THEC
	Canditions, if a gave rise to couse (a), stating lying cause lost.	the under-)	neralized				s				?	1750
ATION	PART II. O1	THER SIGNIFICANT CON Cerebral V	DITIONS									WAS A PERFOR	MED?
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	f injury in I	Port I or Por	I II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED Not white	20e. PL	ACE OF INJURY (story, street, office	Home, farm bldg., etc.	20f. (City	or town)	(County)		(Stote)
		hat I attended the oct 12	deceas _, 19_	ed from Sept 58, and that	death	occurred at	230	AM, from		and an t	he date	state	d above. TE SIGNED
	PHYSICIAN'S NAME (Type)	Irving J.	Tayl	or, M.D.		Elli	cott	City,	Md.			10/	12/58
220	BURIAL, CREMATIC REMOVAL (Specify Grematio	on, 22b. DATE THERECO		22c. NAME OF CEME		R CREMATORY	torre	-	imore.	or county)		(Stote)
23.	FUNERAL DIRECTOR	SIGNATURE LICHARD	44,	Sour = las	ell	17	24a. REC'	D BY REGIST	TRAR 245. REG	Istrar's SI			
	U				M	id.							

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		Town or the same	
despite 42			Total Time
muso fact to			treme (1):

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11410 CERTIFICATE OF DEATH

11406

	3. 0			keg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	pre deceased lived. If institutio b. COUNTY	ni Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give neares? town)	5 years	c. CITY OR TOWN (If ou	utside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ADE LINE	E DA	USINGER	4. DATE Month OF DEATH DECEMBER	Doy Year 19.50
5. SEX G. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 3-21-189	9. AGE (In years last birthday) 9. yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND	JALLE Y	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	er	14. MOTHER'S MAIDEN N	huown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	informant have have	single ofy	Liquille mis
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (o), (b), and (c).]	breed, m	elesten to	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	y, brain,	liver - Pl	wird effus	in 1956
cotse (o), stoting the under- lying couse lost.	receive -		00	26 Oct 58
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. F Not while k ot work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceas				that I last saw the deceased and an the date stated above
ACTUAL SIGNATURE Howard &	Hell "		ADDRESS (Street, city or town, s	
PHYSICIAN'S HOWAYD	E. Habb	SI	KESVILL	e, 17P,
220. BURIAL, CREMATION, 22b. DATE THEREOF (Specify) 10-29-58	22c. NAME OF CEMETERY	OR EBEMATORY	22d. LOCATIONACITY, town, or	recounty)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CHILLE	45111		TRAR'S SIGNATURE

unerol director, Id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL D

OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11411 CERTIFICATE OF DEATH

11411

Reg. Dist. N21407

1	1. PLACE OF DEATH a. COUNTY HOW	ard	MARYLAN	II a STATE	ENCE (Where decease land	d lived. If institution b. COUNTY	Howard	are admission)
	b. CITY OR TOWN (If outsi	de carporate limits, write	c. LENGTH OF STAY IN 1	c. CITY OR T	OWN (If autside corpo	rote limits, write Rt	URAL and give ne	earest tawn)
M	RURAL and give nearest	lown)	40 Yrs.	x Elkri	dge			
	d. NAME OF HOSPITAL (IF	nat in hospital, give stre	et address)	d. STREET AL	DORESS			e. IS RESIDENCE
	or INSTITUTION 1940 Furna	ce Ave.		1940	Furnace .	Ave.		ON A FARM? YES NO NO
	3. NAME OF	First	Middle	Last		Man	4 5	
	(Type or print) F1	orence R.	Griffith		O.F.	October		19 58
	5. SEX 6. C	OLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	1886	9. AGE (In years last birthday)		R IF UNDER 24 HRS.
	Female W	nite WIDO	WED DIVORCED	July 5	,4884/	72 yrs.	Months Doys	Haurs Min.
V	10a. USUAL OCCUPATION (Gi during most of working life	ve kind af wark dane 10	6. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State ar foreign o	ountry)	12. CITIZEN	OF WHAT COUNTRY?
	House work		Own Home	Marv	hand		U.S	. A.
1	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	Unknown			Unknow	n			
	15. WAS DECEASED EVER IN L	. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	. INFORMANT	24	Addr	PAG	
	(Yes, no. or unknown) (If yes,	give war or dates of service)			7040			
	No			cona Hor	sey 1940	Funrace		
	18. CAUSE OF DEATH [I		line for (a), (b), and (c).]	~	-	p an		SET AND DEATH
	IMMI	DIATE CAUSE (o)	Flram	Leen	mora	10/1	1	12 /2
	23/X	DUE TO	on the	eny	1	207	73	15-19-e.
	Canditians, if any, w		yane	rael	ando	erch	del.	2000
1	gave rise to immed cause (a), stating the un	iote	100			^		
	lying cause lost.	(c)	Meter	cora	ial c	Parks	redd .	222
	PART II. OTHER SIG	SNIFICANT CONDITION	S CONTRIBUTING TO DEATH	UT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	EN MY PART I(a)	19. WAS AUTOPSY
	PART II. OTHER SIG	0.0	16.	1				PERFORMED? YES NO
		DERLYING TI 20b. D	ESCRIBE HOW INJURY OCCU	RED. (Enter nature of	injury in Part I or Par	t II of item 18.)		is No
	OR CONTRIBUTING CA	USE OF DEATH I			mjory mirani i ori var			
	9			PLACE OF INJURY IH factory, street, affice	ome, form, 20f. (City	or tawn)	(County)	(State)
	Hour o. m.	19 Whi	le Nat while	raciary, sireer, arrice	biog., etc.)			
	21. I certify that I	attended the deep	and Sam Jennia	2 1053		LV2-10	r	
		2 2			10	6/		aw the deceased
	olive on CC1		Z.Z., I and that dec	ith occurred of				ate stated above.
	ACTUAL 3	A B	1	./.	ADDRESS (S	freet, city or town,	state)	DATE SIGNED
	SIGNATURE	1100	unda	M.D.	1607	16Com	mal	1914
П	PHYSICIAN'S 72	20			00/1		,	- /3
	NAME (Type) /-7	DITTL	model	2/7 4	1/1	man de	02/	my
	22a. BURIAL, CREMATION, 22 REMOVAL (Specify)	b. DATE THEREOF	22c. NAME OF CEMETA		22d. LOCA	TION (City, Jown, a		(Stote)
	Burial	10/16/58		lurch Cen	Elkr	idge, Ho	ward, Ms	ryland
1								
	23 FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS		240. REC'D BY REGIST	RARS 1246. REGIS	TRANSIE S'AART	RE Thank

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到了这种企业的企业中的企业和企业,但是个特殊的证据和证据的自己的企业,但是自己的企业的概念,不可以证明,但是有效和证明的证明,对在企业。	ę	100		

	_	141	0		ENT OF HEALTI		TIMORE, 1		ist. Nd.	141	18
1. PLACE OF DEATH o. COUNTY HOWARD			MARY	LAND	2. USUAL RESIDENCE (WOOD, STATE Maryland	here deceose	d lived. If institution b. COUNTY HOWS		nce befor	re odmissi	on)
b. CITY OR TOWN RURAL and give Dayton	N (If outside corporate limi e nearest town)	ts, write	c. LENGTH OF STAY	IN 16	c. city or town (if a	outside corpo	orote limits, write R	URAL end	give neo	rest town)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospitol, g	jive street	oddress)		d. STREET ADDRESS						DENCE FARM? NO 🔼
3. NAME OF DECEASED (Type or print)	Fir WILL:		Middle HENRY	1	LYLES	4. DATE OF DEATH	Mon	th t.	15	,	reor 58
5. SEX Male	6. COLOR OR RACE Colored	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRTH Sept. 9, 18'	73	9. AGE (In years last birthdoy) yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	working life, even if retired		KIND OF BUSINESS O	RINDU	STRY 11. BIRTHPLACE (Stole Maryland		ountry)	12. C		F WHAT	COUNTRY
3. FATHER'S NAME William	Lyles				Martha C						
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	. 17. 1	NFORMANT Ella Bacon	Da	yton, Man	ylar	d.		
	DEATH [Enter only one condent was CAUSED BY:	, C		•	rdial fail	ure				RVAL BE	DEATH
	ing the under- DUE TO	, A	rterioscl	ero	tic heart	d1sea	se		2	Оуе	ars
PART II. 1			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS / PERFO YES [RMED?
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in	Port t or Por	rt II of item 18.)				
20c. TIME OF IN			NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, forr	m, 20f. (Cit	y or town)		(County)		(Stote)

of work of work

July 21. I certify that I attended the deceased from alive on 10-14-, 158 ,that I last saw the deceased and that death occurred at 11:45 Am, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL

226. DATE THEREOF

Whitaker, M.D. 22c. NAME OF CEMETERY OR CREMATORY
Browns Chapel,

Clarksville, Maryland 22d. LOCATION (City, town, or county)
Dayton, Md.

(Stote)

220. BURIAL, CREMATION, REMOVAL (Specify) 10/18/58 23. FUNERALIDIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

ADDRESS Rockville, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Cirthur S. Hraus

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

111119 CEDTIEICATE OF DEATH 11409

TTATA CEKIII	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY HOWARD MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY HOWARD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Hanover Rd.	A STREET ADDRESS Hanover Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Linwood W. Purcell	Lost 4. DATE Month 10-10-58 Day Year 19
5. SEX Male 6. COLOR OR RACE WIDOWED DIVORCED	lost birthdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR THE TRICE (CIVET BY	
13. FATHER'S NAME Wm.Roscoe Purcell	14. MOTHER'S MAIDEN NAME Annie Jone
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (16 Post of dates of service) 215-09-0830	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cute Coronary Chambosis Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse last.	ion - E avgiral Spriften 2+400 -
()	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While of work of work of work	De. PLACE OF INJURY (Home, form, form, factory, street, affice bldg., etc.) (City or town) (County) (State)
ACTUAL BONDERE DER IZ V. BEITER PHYSICIAN'S REPERIZ V. BEITER	eath occurred of 2 30 M, from the causes and on the date stated abave ADDRESS (Street, city or town, state) M.D. 1914 Archives Cha - Rella 27
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETI BURIAL (Specify) 10-13-58 Grace (RY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Church Cemetery Elkridge Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Ave. DATE GCT 1 4 158 24b. REGISTRAR'S SIGNATURE

may be retained by the hospital or attending physician.

• FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hauss ofter death. TO FUNERAL DI poge 3 should be TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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	Per ganons:		Mary Company of the Name of th				
		tev	casa .				
80-01-01		w. Proposit					
			estimate along				
	nacing V	.some moval	Andreit street				
	edel singl		n. Rossola Puberalic				
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	ola Cemetariy		erun				
			A Arteugida, S. branch				

VS. A15ME 5M 2/57

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e shauld be executed within 24 haurs after death. If ony delay is necessory, plasse	enci	8	iof-t	otion, or removal, and in any event within 72 hours ofter death.
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ltem	21	LIIM	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

	4			Keg	g. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased li	ved. If institution: R	tesidence before	odmission)
1. PLACE OF DEATH O. COUNTY HOWARD	MARYLAND	o. STATE Mary	yland	b. COUNTY H	loward	
b. CITY OR TOWN (If autside corporate limits, write RURA and give negrest town)	c. LENGTH OF STAY IN 16		(If outside corporate			est lown)
North Laurel		X Nort	th Laurel			
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRES				IS RESIDENCE
2 N. Madison St.		/ 2 N	Madison	St.		ON A FARM?
3. NAME OF First DECEASED (Type or print) JOHN	Middle	SAXON	4. DATE OF DEATH	Month Oct.	26	Year 19 58
	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. A	GE (In years IF UN	The state of the s	UNDER 24 HRS.
		Nov. 11, 19	lo	Mont	the Days Ho	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				y) 12.	CITIZEN OF W	HAT COUNTRY
Construction	Machine Operator	Carnog	le. Ga.		05	A
13. FATHER'S NAME		14. MOTHER'S MAIDE				
embreson		un	home			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates at service)		NFORMANT	11 1	Address /		4
(If yes, give war ar dates at service) Yes WW 2	6	Nains.	adam	- Las	und	nul
18. CAUSE OF DEATH [Enter only one cause pe	r line for (o), (b), and (c).]		U-1. 1-1-		INTERVAL	BETWEFN
PART I. DEATH WAS CAUSED BY:	Acute Alcoholism				ONSET AN	ID DEATH
3020	Wenne Wiconoff Su					
Condition if any shirt						
gove rise to immediate couse						
(a), stating the underlying DUE TO						
	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	PMINIAL DISEASE CO	NOTION GIVEN IN	PART 1/-1/10 M	VAC ANTOREY
PART II, OTHER SIGNIFICANT CONDITIO	NO CONTRIBOTION TO DEATH BOT IN	OF KEERIED TO THE TE	KMINAL DISEASE CO	NOTION GIVEN IN	YES.	ERFORMED?
	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in	Port I or Port II of its	em 18.)		
3 20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, f	form, 20f. (City or t	own)	(County)	(Stole)
20c, TIME OF INJURY Month, Doy, Year Hour e. m., p. m. 19	While Not while factor	ory, street, office bldg.,	e1C.)			
21. I certify that I took charge of		ve. held on Auto	ipsy A Inspe	ection . Inc	auiry \square .	ond in my
opinion death resulted from: Natu	2000	1.11	Hamicide		I / Land	
SIGNATURE (CAUCUS	I celly.	_M.D. CHIEF MEDICAL	L EXAMINER		DA	ATE SIGNED
EXAMINER'S		ASSISTANT MED	DICAL EXAMINER	,		
NAME (Type) Charles S. Pet	ty	DEPUTY MEDIC	AL EXAMINER	Oe:	t. 26, 1	1958
220. BORIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOGATION	(City, town, or cour		(Stole)
June 10/29/3	8 U.S. Male	and Cer	ntal	Comme	- IN	d
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 % 240. 1	MCT 3 1 58	24b. REGISTRAR	S STGNATURE	
Mollin Wanal	deen Karrel	// DATE	Maria		AL, TOPHOOL	

MEDICAL EXAMINER'S CARTEROATE OF DEATH and a street of the state of th HRRI . HS . JOO The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11415 **CERTIFICATE OF DEATH**

11411 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Howard			MARY	LAND	2. USUAL RESIDER o. STATE Maryla		ere decease	d lived. If instituti b. COUNTY HC	on: Reside	nce befor	e odmiss	ion)
b. CITY OR TOWN RURAL ond give of Ellicott	(If outside corporate limit nearest town) City	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		_	rote limits, write R	URAL ond	give nea	rest town	1)
	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADD		Tane					DENCE FARM?
3. NAME OF	Fire	ı	Middle		Lost		4. DATE	Mor	th	Da		Year
(Type or print)	RICHARD !	r	SMITH				OF DEATH	10-2'	7-58			19
5. SEX Male	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIE		8. DATE OF BIRTH	1	277	9. AGE (In years lost birthday) 9. Yrs.	Months	Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPAT	ION (Give kind of work or irking life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	Howar			ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME			21/0220		14. MOTHER'S M				-			
IInle	nown				TIV	know	770					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	NFORMANT	KITON		·Add	ress			-
(Yes, no. or unknown) NO	(It yes, give war or dates of s		213-32-6343	В	lenry Smit	h,El	licot	t City,M	d			
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Ну	oe rte n si v	e-Aı	rterio-s	CLE	rotic	: Heart	Di se	98.86	?	
PART II. O	THER SIGNIFICANT CON		L. HARRY		NOT RELATED TO T	HE TERMII	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY RMED? NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING COMMON C	20b. DES	CRIBE HOW INJURY OF	CCURREC	D. (Enter noture of i	njury in P	Part I or Par	t II of item 18.)				
20c. TIME OF INJU	10	20d. 1 While of wor		20e. PLA foc	ACE OF INJURY (Ho tory, street, office b	me, farm ldg., etc.	, 20f. (City	or town)		(County)		(State)
olive on Og	that I oftended the st-27th. F.Malone	elo	ney M.	deoth	occurred ot	nte:	M, from	n the couses of treet, city or town,	ond on	the da	te stot	ed abov
REMOVAL (Specific Rurial	10-31-		20c. NAME OF CEME LOCUST					TION (City, town, impsonvi)	le M	d.	(Stot	e)
23. FUNERAL DIRECTO			ADDRESS				BY REGIST	TRAR 24b. REGI	STRAR'S S	IGNATU		
F.C. Higin	bothom.Ellic	ott	City.Md		C	POSTA	31 '58	S Civi	mus S.	Tically	1	

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FOR STATE HEALTH DEPT.

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0	execute the complicate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diagrams	4	0	0
-			-	or its designated agent, prior to burial, cremation, or removal, and in any ment within 72 hours after death.
ve	A	s. 4 should be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained	ME	
w S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess	^	10	W.E	
5	M :	2/5	17	

MARYLAND ST	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

					Keg. Dist	. 140.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE	(Where deceased			e before admission)
Howard	MARYLAND	Maryland		b. COUNT	ward	
b. CITY OR TOWN (If outside corporate limits, write EURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			RURAL and g	ive neorest town)
Rt. 1 Ellicott City			Ellicott	City		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Jonestown		Jones	town			YES NO X
3. NAME OF DECEASED (Type or print) TORA STEVEN	Middle ISON	Lost	4. DATE OF DEATH	Month	-28-195	Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8.	DATE OF BIRTH	920 9.	AGE In years	IF UNDER TY	EAR IF UNDER 24 HRS.
Female Colored WIDOWED	DIVORCED [1	19120	38 38s.	Months Do	bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto			12. CITIZE	N OF WHAT COUNTRY
At Home	None	X Mat 1. C. a. MO		Carolina	3	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Robert Fleming		Laura Ev	rans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	IFORMANT		Address		
1	4-20-4978 B	rnest Myers	,Ellicot	t City	Md	
18. CAUSE OF DEATH [Enter only one couse per line f	or (a), (b), and (c).					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ronary Thrombo	eie				10 min.
420.1 DUE TO	Tonal y Titi Ombo	919				TO III III.
Carallelana W. Carallelana Attack						
Conditions, if ony, which (b)						
(o), stoting the underlying DUE TO						
couse lost. (c)						
PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART 1	PERFORMED?
<u> </u>						YES NO X
PART II, OTHER SIGNIFICANT CONDITIONS CO 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in P	art I ar Part II af	item 18.)		
3 20c, TIME OF INJURY Month, Day, Year 20d. It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fo	irm, 20f. (City or	town)	(Count	y) (State)
20c. TIME OF INJURY Month, Day, Year 20d. If While of two	1401 Millie	ry, street, office bldg., e	itc.)			
		1-11 4		(Pints)		Con
21. I certify that I took charge of the re	emoins described obov	ve, held on Autor	osy [], Ins	pection X,	Inquiry	X, and in my
opinion death resulted from: Natural c	ouses X, Accident	, Suicide ,	Homicide [. Undete	rmined mo	onner 🗌
6	12 +1					
SIGNATURE SLOUGE C.	Jusa lost	M.D. CHIEF MEDICAL	EXAMINER -			DATE SIGNED
	7 0	ASSISTANT MED	ICAL EXAMINER			
NAME (Type) Coorge E Burgtonf	W D	DEPUTY MEDICA	L EXAMINER		70.00	
220. BURIAL, CREMATION, 22b. DATE THEREOF	M D 22c. NAME OF CEMETERY OR			ON (City, town,	10-28	(State)
REMOVAL (Specify)	Marines	5.0	Name	C	-11	4.000
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 PF	C'D BY REGISTRA	R 24b REGI	STRAR'S SIGN	ATURE
		101	OCT 3 1 '5		2 .1 0	Kraus
V- CHIGIN BATHAY E	WILLOTT CIT	7 MCYDATE	0010.		201.	, 45,000

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11417 CERTIFICATE OF DEATH

Reg. Dist. No. 11413

1. PLACE OF DEATH 6. COUNTY Howard			MARYLAND		USUAL RESIDENCE o. STATE Maryland		ere decease	b. COUNTY		nce befa	re admissi	ion)
b. CITY OR TOWN (IF RURAL and give ne Ellicott	arest tawn)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	V (If au	riside carpo	rate limits, write R		give nec	rest town)
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET ADDRE	SS						FARM?
Hollofield	Road				Holl	ofi	eld R	oad			YES [NO 🚺
3. NAME OF DECEASED (Type or print)	NNA BARBA		JHN STOLL		last		4. DATE OF DEATH	Octobe	r 1	3 00	y \	958
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years last birthday)		RIYEAR		R 24 HRS.
Female	White	WIDOWI	ED X DIVORCED		June 1	18	69	89 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind af working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State o	ar fareign c	auntry)	12. C	TIZEN O	F WHAT	COUNTRY
At Home	ing me, even it remed	'	None		German	v				I	JSA	
13. FATHER'S NAME			2,1	14	MOTHER'S MAIL		AME					
Albert K	ahn				Marga	ret	Wilk	e				
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT			Add	013			
	f yes, give wor or dates of s		12-18-7630	Tohi	C Kahn	Gn.	E114	cott Cit	w Md			
NO TIP CAUSE OF DEAT	ru (c		ne for (a), (b), and (c).]	JOIL	1 C. Marai	OT.	19111	.000 010	y 3 1/1/CC	LINITE	RVAL BE	PLACETAL
and the second second second	H WAS CAUSED BY: IMMEDIATE CAUSE (a)(RESPIRAT	C 4	KY A	RR	EST				ET AND	
Canditians, if ar			CARDIOVA	50	SPALIE	K	40011	DENT		1	4 2	1040
gave rise to in	mediate (21172	20	00.110		,000	1 61.30	7 11		-	1
lying cause last.	ne unger-	_	TERIOSCLE	Van	TOLAN	771	NOCH	WAY D	SEA	ce	458	125-
) (c ER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU						120	Yes Yes	9. WAS A	UTOPSY
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature af injui	ry in P	art I ar Par	t II af item 18.)	2.4			
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED 20e. F	LACE actory,	OF INJURY (Hame, street, affice bldg	, farm, ,, etc.)	20f. (City	or lown)		(Caunty)		(State)
21. I certify the	at I attended the	decease	ed from BCT.	9	. 1958 ta	0	CT.17	5 1959	that I	last so	w the	deceaser
alive an	T. 13		58_, and that deat	4			min.					
V) , ,		z_se, dila illai dedi	00	corred diage_			reet, city or town,		me au		TE SIGNED
ACTUAL SIGNATURE	Vitron	2		_M.D.						10		-58
PHYSICIAN'S NAME (Type)	VTHO	RPE	elle.		をし	\ C	077	CITY	10			
22a. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, tawn, o	r caunty)		(State)
Burial	1076	50	Good Sheph	and			E	Llicott C	3 ± + +	Vd.		
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- L U	240.	REC'D	BY REGIST	RAR 24b. REGI				
F.C. Higinbo	thom Ellic	ott C	ity,Md		DAT	€OCT	1 7 '5	8 Ciri	hun S.	Krau	4	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary please execute the costs, writing the ward "pending" in pendi in Item. IB. Give Pages 1, 2, and 3 to the funeral disector. Page 3 4 should be and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if pur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Booof Health, or remayal, and in any every within 72 hours after death.

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	4 shauld be saided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if but fill	-	or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours ofter death.
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MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE	, 18
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

Ltems II 12 Fil	m 235 10-24-58 et Reg. Dist. No.			
I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)			
Howard MARY	o. STATE Maryland Howard			
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest town)				
Highland	X Highland			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
Old Rt 29 Lowland Farm	Hall Shop Road YES NO NO			
3. NAME OF DECEASED First Middle (Type or print) HAROLD GARFTELD WITSON	Lost 4. DATE Month Doy Year DEATH TO-13-1958 19			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 14EAR IF UNDER 24 HRS.			
Male Colored WIDOWED DIVORCED	1 9-23-1887 Tost birthday) Months Days Hours Min.			
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I during most of working life, even if retired)				
Laborer	Maryland U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Frankie Wilson	Jane Lynn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Hall Shap, Road.			
[Yes, no, er unknown] [If yes, give war or dates of service)	Sarah Wilson Highland, Md.			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) CORONARY Three	ombosis Instant			
The DUE TO				
Conditions, if ony, which gove rise to immediate couse (b)				
(a), stoting the underlying DUE TO couse lost.				
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY			
CATO	PERFORMED? YES NO NO			
CAUSE OF DEATH.	RED. (Enter noture of injury in Port I or Port II of item 18.)			
	e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.)			
Hour o. m. p. m. 19 While Nat while of work at wark	total // salet, salet says, sale			
21. I certify that I took charge of the remains described	above, held an Autopsy . Inspection X, Inquiry . and in my			
	ent, Suicide, Homicide, Undetermined manner			
ACTUAL G. & M. F.	DATE SIGNED			
SIGNATURE JULIAN CONF	M.D. CHIEF MEDICAL EXAMINER			
EXAMINER'S	ASSISTANT MEDICAL EXAMINER			
NAME (Type) George E. Burgtorf M.D.	DEPUTY MEDICAL EXAMINER October 10,1958			
220. PHYRIAL, CREMATION, 22b. DATE THEREOF 120. NAME OF CEMETER 10 PK				
23. PUNERAL DIRECTOR'S SIGNATURE	246. REGISTRAP 246. REGISTRAP'S SIGNATURE OCT 2 2 That			

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